

***Arborist License Renewal for 2008***

**Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **E-Mail address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name of Insurance Company:** \_\_\_\_\_

Check here if you do not intend to perform arborist work and wish to maintain your license. [ ☐ ]

Check here if you are no longer performing arborist work and do not want to renew your license. [ ☐ ]

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***License Fee:***

**If paid by December 31, 2007.**

**\$30** for First Class Landscape **OR** First Class Utility.

**\$45** for First Class Landscape **AND** First Class Utility

**\$30** for Master Landscape **OR** Master Utility

**\$45** for Master Landscape **AND** Master Utility

If paid after 12/31/07 add \$10.00 late fee.

Make check (or money order) payable to TREASURER STATE OF MAINE and return form to the above address.

**Have you been convicted of a crime (other than minor traffic violations) since your last license renewal?**

[ ☐ ] NO [ ☐ ] YES

If "yes" please list date(s) and crime(s) on a separate piece of paper and submit a copy of the court judgment(s).

**By signing this form I state that I will not engage in arboriculture work without proper insurance coverage, as stated by the Department of Agriculture, Food and Rural Resources regulations.**

**SIGNATURE REQUIRED FOR RENEWAL** \_\_\_\_\_ **DATE** \_\_\_\_\_